## CITY OF CHARLOTTESVILLE Dockless Mobility Sharing System Permit Application

Name of Applicant:
Address:
Telephone Number:
Company Website:
Company Contact Person:
Telephone Number:
Email Address:
Local Company Contact Person: (This individual must be available by phone 24 hours/7 days per week)
Telephone Number:
Email Address:
Address(es) of Charlottesville operations and storage facilities
Type of Business Entity (sole proprietorship, corporation, LLC, etc.):
Is the entity registered with the Virginia State Corporation Commission?  YES  NO
If yes, please provide SCC registration number:
Name of Person Submitting Application:
Relationship/Legal Authority to Business Entity:
Anticipated Start Date:
This application must be accompanied by <u>all</u> of the following:
Description of proposed program to include type of mobility device, proposed fleet size and service area at launch, hours of operation, age requirements, pricing plan (included discounted pricing plans offered, and inclement weather plan (Sec. IV.B)
☐ Image of mobility device, showing visible company contact information, unique device identification number, and safety messaging (Sec. IV.E)

	Specifications of Equipment and Safety Features complying with Sec. IV.A
	Map or aerial photograph of proposed parking corral locations in the City of Charlottesville's commercial corridor and description of program to incentivize parking in these locations (Sec. IV.C)
	Description of program to prohibit riding/parking/locking in specified geographic areas (Sec. IV.C)
	Description of marketing and targeted community outreach plan (including notification of safe riding practices, events to enroll low-income users, and marketing plan budget) (Sec. IV.D)
	Description of Vehicle End of Life process and sustainability plan (including battery disposal and recycling)
F	Description of data sharing methods and deliverables (Sec. IV.G)
-    -    -	Proof of Insurance, which includes (Sec. V):  O Worker's compensation in statutory amounts required by the Commonwealth of Virginia Employer's Liability of at least \$100,000, specifically listing Virginia as a covered state Commercial general liability insurance - \$1,000,000 per occurrence Automobile Liability - \$1,000,000 per occurrence (only if motor vehicle is to be used in the agreement)
1	<ul> <li>Cyber Liability/ Information Technology - \$1,000,000 per claim, including coverage for costs of 3<sup>rd</sup> party notification, credit monitoring, and fraud protection.</li> <li>Umbrella or Excess Liability Coverage</li> </ul>
	Professional Liability Coverage
	Copy of Applicant's City business license and proof of payment of all applicable taxes (Sec. III.D.iv)
	Non-Refundable Permit Application Fee (\$1,500) (Sec. III.D.i)
	Description of items listed in the Permit Program Regulations the applicant is not able to adequately address
I have	read and understand the requirements of
	ess Mobility Permit Program and recognize the City's right to prohibit any person or corporation
	occupying or using city streets in a manner not permitted to the general public, without first
	g obtained permission from the City's governing body pursuant to, Va. Code §15.2-2018. I
	wledge that my company is responsible for all City assessed impound fees. I certify that the
	nation contained in this application and the attached documents is true and correct to the best of owledge, information and belief, and that I am authorized to make this certification.
Signat	ure Date
Printed	l Name and Title